

Monthly Healthcare Rates							
	Medical				Dental	Vision	Lyra
	Kaiser HMO	Cigna HSA	Cigna 250 PPO	HMSA Package 010	Delta Dental PPO	VSP Vision	EAP
COBRA							
18/36 Months	102%						
Employee Only	\$546.65	\$678.56	\$905.48	\$789.62	\$57.78	\$9.55	
Employee + Spouse/DP	\$1,202.63	\$1,492.93	\$1,992.13	\$1,568.84	\$115.14	\$16.36	\$30.26
Employee + Children	\$984.02	\$1,221.46	\$1,629.97	N/A	\$136.85	\$16.70	
Employee + Family	\$1,694.62	\$2,103.78	\$2,807.17	\$2,348.06	\$194.26	\$26.92	
29 Months	150%						
Employee Only	\$803.90	\$997.88	\$1,331.60	\$1,161.21	\$84.98	\$14.04	
Employee + Spouse/DP	\$1,768.58	\$2,195.49	\$2,929.61	\$2,307.12	\$169.32	\$24.06	\$44.51
Employee + Children	\$1,447.10	\$1,796.27	\$2,397.02	N/A	\$201.26	\$24.56	
Employee + Family	\$2,492.09	\$3,093.80	\$4,128.20	\$3,453.03	\$285.68	\$39.59	
CalCOBRA Extension	110%						
Employee Only	\$589.52	N/A	N/A	N/A	N/A	N/A	N/A
Employee + Spouse/DP	\$1,296.96	N/A	N/A	N/A	N/A	N/A	N/A
Employee + Children	\$1,061.20	N/A	N/A	N/A	N/A	N/A	N/A
Employee + Family	\$1,827.53	N/A	N/A	N/A	N/A	N/A	N/A